PTO/6B/06 (06-03)

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Substitute for Form PTO-875								Application op Docket Number			
C	CLAIMS AS FILED - PART I (Column 1) (Column 2).				SMALLENTITY			OR OTHER THAN			•
FOR BASIO FEE	NUMBER FILE	D N	NUMBER EXTRA		i ni-				SMALL ENTITY		
(37 CFR 1.16(a))				-   -	RATE	- FE	E.,	R	ATE	FEE	1
TOTAL CLAIMS (37 CFR 1.16(c))	malayee		<del></del>			- 1-	(	DR .			
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus	20 =		- 1	× \$=			DR X.			$\neg$
milius 3 = .					(. <b></b> =			<u>-</u>			_
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						1		OR .X \$	<u> </u>	<u> </u>	_]
* If the difference in column 1 is less than zero, enter *0* in column 2.							°	R + t_	= =		
CLAIMS AS AMENDED - PART II					TOTAL	L	0	R To	TAL		
, OLAHVIO	AS AMENDED	) - PART II							L		$\dashv$
	lmn t)	(Column 2)	(Column 3)		 CLAATE		^		OTHER		
1/////	AIMS AINING	HIGHEST NUMBER	PRESENT	7 /-	SIVIALE	ENTITY		R (S	MALLE	NTITY	
Z 3//1/ AMEN	TER DMENT	PREVIOUSLY PAID FOR		11	RATE	ADDI:		RAT	<u> </u>	ADDI-	7
Total (37 CFR 1.16(c))	23 Minus	07	= /	1-		FEE	1 /			TIONAL FEE	1
Z Independent (37 CFR 1.16(b))	Minus		-	X	=		OR	X \$	=		7
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR	× s	=		-  .
	MOCTIFICE DEPENDE	NT CLAIM (37 C	FR 1.16(d))	يز ا			OR	+ 3		<u> </u>	- -
				TO:	TAL D'L FEE		OR	TOTAL	==		4
(Colum		(Column 2)	(Column 3)		ı			ADD't Fi	EE	·	_
REMAIL	IING	HIGHEST NUMBER	PRESENT	[ F	1	- <del>;</del>	7	· · ·	<del></del>		
II AMENON		PREVIOUSLY PAID FOR	EXTRA .		^''-	- ADDI- TIONAL		RATE		ADDI- TIONAL	1
(37 CFR (.16(c))	Minus	23			·	FEE	-	-		FEE	
Total (37 CFR 1.16(b))  AMENOR  AMENOR  Total (37 CFR 1.16(b))	Minus	4	=	X I	==-		OR	X 1	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLANA (27 000)							OR	- X \$	=		
		1 1 1 1 1 1 1 1 1	(1.10(0))	TOTA			·OR	+.\$	=   .		:
			•		L'FEE		OR	TOTAL ADD'L FEE			
(Column	1)	(Column 2)	(Column 3)		٠.				· L	<del></del>	
. REMAIN	AC .	NUMBER	PRESENT	RA	TE	ADDI-	.'	<u> </u>	7		٠.
AMENDME	NT	REVIOUSLY PAID FOR	EXTRA		ľ	TIONAL		RATE		NDDI-	
(27 CFR 1.16(c))	Minus -44			X \$		FEE		<del></del>		FEE	
(37 CFR.1.16(b))	Minus 444	1	= -	·w	<del>-</del>	<del></del> -	OR	X. \$=	-		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					=		ÖR .	X \$=	1		,
1							OR-	+ ; =			
If the entry in column 1 is less If the "Highest Number Previo	than the			TOTAL ADD'L I	FEE	. ]	OR .	TOTAL.	-		
"If the "Highest Number Previo til the "Highest Number Previo til the "Highest Number Previo	usly Pald For IN T	olumn 2, wrile "i "HIŞ SPACE is id	o" In column 3.	•	٠		OIX .	ADD'L FEE	<u> </u>	<del></del>	
if the "Highest Number Previou The "Highest Number Previou	usly Paid For IN TI	HIS SPACE IS IN	ss than 3, enter	"3".				٠,			

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiallty is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS